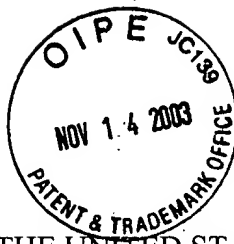


00169.001418



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

CAMERON BOLITHO BROWNE, et al.

Application No.: 09/379,722

Filed: August 24, 1999

For: METHOD AND APPARATUS FOR
ORIENTATING A CHARACTER
STROKE

Examiner: C. Harrison

Group Art Unit: 2672

November 13, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

NOV 21 2003

Technology Center 2600

LETTER TRANSMITTING FORMAL DRAWINGS

Sir:

Transmitted herewith are formal drawings to be substituted for the
corresponding drawing sheets presently on file in the above-identified application.

Applicants' undersigned attorney may be reached in our Costa Mesa,
California office by telephone at (714) 540-8700. All correspondence should continue to
be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 50,957

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-2200
Facsimile: (212) 218-2200



In re Application of:

Docket No. 00169.001418

CAMERON BOLITHO BROWNE, et al.

Application No.: 09/379,722

Examiner: C. Harrison

Filed: August 24, 1999

Group Art Unit: 2672

For: METHOD AND APPARATUS FOR
ORIENTATING A CHARACTER STROKE

Date: November 13, 2003

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

NOV 21 2003

Sir:

Technology Center 2600

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 99	MINUS	** 105	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 3	MINUS	*** 9	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$420.00 to cover the fee for a two month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 30,957

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200